



## ARIZONA DEPARTMENT OF TRANSPORTATION POLICIES AND PROCEDURES

### FIN-6.02 TRAVEL AUTHORIZATION POLICY

Effective: September 14, 2009  
Supersedes: FIN-6.02 (11/03/2008)  
Responsible Office: Employee Services  
602-712-7496

Next Review: September 14, 2011  
Transmittal: 2009 - September  
Page: 1 of 22

#### 2.01 PURPOSE

To set forth procedures of Arizona Department of Transportation for employees and members of Boards to claim travel expenses and allowances within the limits provided by [Arizona Revised Statutes](#) (A.R.S.) Chapter 4, Article 2, § 38-621 through § 38-627 and the [State of Arizona Accounting Manual](#).

#### 2.02 SCOPE

This policy applies to all ADOT employees and members of the Transportation Board, and any other boards or consultants and contractors.

#### 2.03 AUTHORITY

A.R.S. § 38-621 through 38-627, Reimbursement for Expenses; State of Arizona Accounting Manual, Section II-D, [Travel Policy](#), dated 1/1/2008.

#### 2.04 DEFINITIONS AND GUIDELINES

Agency Head	The chief executive officer of any agency, board or commission, who approves out-of-state travel ( <a href="#">A.R.S. § 38-626</a> ), and employee applications for the Corporate Travel Card and Central Travel Account (CTA). Any delegation of this authority must be documented in writing, maintained by the agency and be available for review or audit.
Commute Miles	The distance between an employee's residence and duty post.
Conference and Meetings	Supervising authorities are requested not to schedule more than three (3) employees for attendance at the same conference or meeting when held in-state. Representation at a convention or meeting outside the State is to be held to a minimum, usually one (1) person. If sending three or more individuals to a conference out-of-state, the <a href="#">State of Arizona Out-of-State Travel Approval Request Supplement, GAO-509S</a> (Exhibit 8), will need to be submitted for approval.
Conferences Designated Lodging	The hotel at which the conference is being held or the hotel(s) specified in the conference brochure. Accommodations at alternate hotels in the immediate vicinity of the conference may be considered as conference designated lodging when no vacancies exist at the recommended hotel(s). In other words, if all of the hotels listed in the conference brochure are full or if the block of rooms reserved for the conference are not available, then the traveler may use a nearby hotel whose cost is no greater than the lowest single room rate for the

actual conference hotel or the allowable rate for that city. See Section II-D-IV-J of the Arizona Accounting Manual for State sponsored conferences.

**Corporate Travel Card**

The State contracted employee liability credit card provided to State employees that may be used for lodging, car rental, other transportation charges, other miscellaneous travel charges, and meal expenses in connection with travel on State business. Air travel is NOT permitted on this card.

**CTA**

Central Travel Account. A State liability travel account number (not a physical card), provided through State contract which may be used to purchase airfare, and reserve hotel lodging (room rate, taxes and surcharges only), and car rental. The CTA may also be referred to as the "ghost card." All air travel will be purchased using this account.

**Director**

The Director of the Arizona Department of Administration and the Director's designee with respect to applicable functions.

**Duty Post**

**(1) Employee** - The place where an employee spends the largest portion of regular working time or the place to which he returns on completion of a special assignment. An employee with more than one regular place of work has multiple duty posts. A duty post may also be a geographical area, such as a patrol area or beat, different campuses or teaching locations or where the same routes are traveled frequently on one-day trips. **(2) Others** - The duty post for board members, commissions, authorities, councils and committees, not full time employees of ADOT, is the person's residence as prescribed under [A.R.S. § 38-621B](#).

**Education or Training Seminars**

Employees may attend out-of-state education or training seminars if funds for that purpose are available and such education or training is not available in Arizona and is directly job related. Approval from the ADOT Director, Deputy Director, or Division Director or designee is required to attend out-of-state seminars. A letter should accompany the Out-of-State Travel Order satisfactorily explaining the benefits to be gained by the trip.

**Frequent Traveler**

Generally defined as an employee who incurs meals and lodging expenses and who is in overnight travel status at least once quarterly. However, an agency head has the discretion to define this for each agency on a case by case basis. It is the responsibility of agency management to determine which employees meet this criteria. Telecommuters are not frequent travelers.

**Governing Authority**

The Governor or the Director of the Department of Administration, if delegated by the Governor.

**In-State Travel**

In-state travel may include travel on official business into adjoining states, provided that the travel occurs entirely within an area not to exceed, at any point, one hundred (100) miles

from the Arizona border. Agency management makes this determination based upon the reimbursement rate for lodging and meals in the area of travel as well as other considerations. The in-state default rates apply to travel within 100 miles of the border and the travel does not require approval by the Agency Head. Additionally, the travel does not require the Agency Head approve state vehicle or private vehicle use within that 100 mile area. This type of travel would be done as though the traveler had never crossed the Arizona border. Travel into Mexico, regardless of distance, is always out-of-country and special rules apply.

#### Long-Term Travel

Reimbursement for lodging and meals for individuals temporarily assigned to one duty locale, for periods of 30 calendar days or more, which is in excess of 50 miles from their residence and regular duty post.

#### Meal Reimbursement

In accordance [A.R.S. § 38-624](#) and with the Opinion of the Attorney General, Number R75-33, a meal allowance or meal reimbursement is the amount actually spent for a meal, not to exceed the maximum amount allowed for such meal. The maximum amounts to be allowed or reimbursed are set by the Joint Legislative Budget Committee (JLBC).

#### Normal Workday

Any work time for which an employee receives compensation.

#### Out-of-State Travel

Approved in advance by the ADOT Director or designee. Request should be approved at least ten (10) days before the scheduled trip. Use the [Out-of-State Travel Approval Request eForm](#), Accounting\_Financial (Exhibit 6). Travel into Mexico regardless of distance is always out-of-country and special rules apply.

#### P-Card

A card provided through State contract to State employees, State organizations, or State departments for the purpose of conducting purchase or payment activities for a valid public purpose. Not to be used for travel expenses.

#### Reimbursement for Travel

Reimbursement is limited to travel expense by the most direct and usually traveled route by the most economical means of transportation. Expense incurred by traveling an indirect route for pleasure or convenience are not reimbursable. An employee will be required to charge excess time spent in traveling an indirect route against annual leave.

#### Residence

The employee's actual dwelling is determined without regard to any other legal or mailing address. Residence does not change when employee is temporarily assigned to an area requiring residence away from primary residence so long as primary residence:

- (1) Continues to be inhabited by the employee's dependents or,
- (2) Is held vacant at tangible expense.

Residence	An employee's residence does not qualify for reimbursement or other subsistence expense. The Director may designate a second residence maintained by an employee on field assignment as the employee's primary residence for the duration of the assignment.
State Owned Equipment	For the purpose of this policy, state owned equipment is defined as motorized travel vehicles, heavy equipment, trailers and airplanes.
Telecommuter	The premise of telecommuting is to improve air quality and reduce traffic congestion. Therefore, a telecommuter will not be in travel status while telecommuting.
Time references	Any time referred to in this manual shall be considered to be at the primary duty post, i.e., Phoenix, Tucson, Flagstaff, etc.
Travel Expense Authorization	As prescribed under <a href="#">A.R.S. § 38-622B</a> , authorization to reimburse travel expenses is granted in advance by the Director. The authority for administration of the travel program is delegated by the Director to the Controller.
Travel Status	Considered to be in effect when an employee is conducting official State business, outside of a 50-mile radius from the designated duty post and residence with supervisory approval.
Traveler	Every public officer, deputy or employee of the State, or any department, institution or agency thereof, and member of any board, commission or other agency of the State who is in travel status.

## 2.05 BACKGROUND

The Travel Authorization Policy (FIN-6.02) originally published in the Administrative Procedures Manual, on 12/10/1981. FIN-6.02 was first published in October 29, 1980, as administrative guidelines from the Director's Office and was later added to the ADOT Administrative Procedures Manual, on 3/2/1987. Current changes include updated material from the Arizona Accounting Manual (1/1/2008).

## 2.06 TRANSPORTATION POLICY

- A. All airline travel must be purchased from the ADOT designated travel agent. Exceptions must be requested and approved in advance by submitting a written request, with supporting documentation, to the ADOT Controller.
- B. Transportation expenses are reimbursed only for the method of transportation which is in the best interest of the State, considering direct expense as well as the board member or employee's time. Certain limitations are placed on reimbursement of transportation expenses in accordance with the following:
  1. Travel expenses incurred between home or garage and the designated duty post are not allowed except as in (2) below.
  2. Mileage to and from an employee's home may be claimed when the employee is required by the supervisor to report to a designated duty post outside normal working hours after already having commuted to work once that day.

3. In determining fares or mileage paid for transportation by airplane, the place of origin or return is the appropriate airport facility serving the area of the employee's designated duty post or residence, whichever is lesser in distance or amount.
  4. When traveling on state business and travel begins or ends at the individual's residence, reimbursement mileage is computed as the mileage for the most direct route to the destination less the commute mileage to or from the designated duty post.
- C. Use of State Owned Equipment ([A.R.S. § 38-627](#))

State owned equipment is defined and categorized as motorized travel vehicles, heavy equipment, trailers, or airplanes. Employees traveling out-of-state may use state owned equipment if it is determined to be the most cost effective means of completing business at hand. Use of available equipment to accomplish State business requires approval by the Division Director and ADOT Controller. This justification should list, in detail, the necessary reasons why state owned equipment is required, along with dates and purpose of travel. When completing an out-of-state travel voucher where state owned equipment has been used, the employee should provide a comment in the vehicle type and item explanation area of the travel voucher stating that state owned equipment was used. All state owned equipment is for use by state employees only.

## **2.07 CLARIFICATION OF CLAIMING MEALS ON STATE TRAVEL POLICY**

- A. All claims for meals must be for the amount actually spent. A person may NOT claim a per diem or an allowance. The meal reimbursement rate includes the cost of the meal, tax, tip and the cost spent for transportation between places of lodging or business and places where meals are taken, if suitable meals can be obtained within a reasonable distance of the lodging or duty post. The amounts allowed for meals are not necessarily intended to cover the entire cost of a meal taken while in travel status. The amounts are more than sufficient to compensate the traveler for the estimated difference between the cost of a meal taken on the road and the cost of a meal prepared at home or purchased at a cafeteria operating in a State facility.
- B. However, there are special rules in the State Travel Policy for an employee entitled to reimbursement for three consecutive meals on any one day. In those instances, the amount expended for any particular meal is at the employee's discretion. The total for all meals claimed may be shown as a lump sum for each calendar date, but may not exceed the amount allowed for a particular location.
- C. The agency is NOT requiring receipts for meals. When an employee signs a Travel Voucher, the employee certifies that he is familiar with the State Travel Policy and that the amounts have been actually spent. In other words, the initial claim for reimbursement need not be accompanied by receipts (except for vehicle rental, lodging and airfare), but receipts or other evidence may be required later if the request for reimbursement is questioned.
- D. Meal reimbursements included in income – Meal expenses reimbursed to employees for trips that did not require an overnight stay or a substantial rest period must be treated as taxable income subject to withholding for income and employment taxes (i.e. social security and Medicare).
- E. When an employee purchases groceries instead of dining in a restaurant, the employee should record the full amount of the grocery purchase on the day actually purchased. The employee should attach the actual grocery receipt and note the days and meals for which the grocery purchases are intended in the item explanation field of the travel voucher. As long as the purchase does not exceed the allowance for the days and meals indicated, usual reimbursement will be made.

- F. Other than day shift workers - the time or time periods specified on the Reimbursement Schedule shall be modified as necessary to provide equitable treatment to individuals whose work schedule requests shift work on other than a day shift basis. Meal reimbursement maximum limits shall normally be based on the type of meal appropriate to the time of the day. Maximum reimbursement for an off-shift meal is the same as the lunch maximum shown on the Reimbursement Schedule. A traveler who is required to buy a meal, in excess of meal allowance, at a conference or meeting may be reimbursed actual cost. A receipt and explanation are required.

## **2.08 RENTAL MOTOR VEHICLES ([A.R.S. § 38-623B](#))**

- A. Rented motor vehicles may be authorized when other means of travel cannot be used economically. Justification for rented vehicles for out-of-state travel must be submitted in writing to the Agency Head or designee on the [Vehicle Rental Justification Worksheet](#), (Exhibit 9), and accompanied by the [Out-of-State Travel Approval Request eForm](#) (Exhibit 6). The approved rental vehicle authorization is to be attached to the travel claim. Use of rented automobiles shall be limited to instances where it is to the advantage of the State and not for the personal convenience of the traveler ([A.R.S. § 38-623B](#)).

- B. The following criteria is to be used for vehicle rental approval:

1. One to two individuals traveling for a week or less - approval given for compact vehicle.
2. Three individuals traveling for less than one week - approval given for an intermediate (mid- size) vehicle.
3. Two to three individuals traveling for longer than one week - approval given for an intermediate (mid-size) vehicle.
4. Four individuals traveling for one week or less - approval given for an intermediate (mid-size) vehicle.
5. Four or more individuals traveling for longer than one week - approval given for a vehicle that meets their needs as recommended by the agency.

If unusual circumstances make the above criteria impracticable or unworkable, the Agency Head may approve an appropriate size vehicle upon receipt of a properly substantiated justification.

- C. The following is an example of a justification that may substantiate authorization of a rented motor vehicle:

Driving city to city (i.e., flying into Detroit, Michigan, and the traveler's meeting is in Flint, Michigan, which is over 60 miles away).

A cost analysis of rental vehicle cost and approximate amount for public transportation should be included in the justification. See [Vehicle Rental Justification Worksheet](#) (Exhibit 9).

- D. Itemized commercial receipts are required for motor vehicle rental reimbursement.
- E. When a traveler rents a motor vehicle for State business, the traveler and vehicle are automatically insured for liability and physical damage losses through the State's self-insurance program. Therefore, rented motor vehicle insurance costs incurred by the traveler are not reimbursable.
- F. A proof-of-insurance card should be obtained before renting a motor vehicle. A card may be obtained from the ADOA Risk Management Section by agency travel coordinators and issued to travelers before renting.



- G. Travelers using rented vehicles will not be allowed to claim mileage. Reasonable gasoline purchases will be reimbursable when receipts are provided. No reimbursement is allowed for pre-paid gasoline purchased by the traveler for the vehicle rental.
- H. When travel requires the use of a rental vehicle out-of-country, contact the ADOA Risk Management Section regarding insurance coverage in advance.

A request for a rental vehicle which does not meet the above criteria should include specifics regarding the need for the requested vehicle size.

## **2.09 LODGING JUSTIFICATION**

- A. Lodging for ADOT sponsored or attended conferences must be submitted to the Agency Head or designee for approval. See [Lodging Justification Worksheet](#) (Exhibit 10)
- B. If the conference hotel is full (or if the block of rooms reserved for the conference are not available) a person must make every attempt to find a hotel within either the lodging reimbursement rate for the area or within the least expensive single room listed on the conference brochure.
- C. Indicate on separate memo why the least expensive hotel is not appropriate and include a completed [Lodging Justification Worksheet](#) (Exhibit 10).

## **2.10 THIRD-PARTY OR DIRECT REIMBURSEMENT**

- A. Any employee receiving third-party or direct reimbursement for ADOT-related travel must complete the additional form entitled Approval for Third Party Travel (see exhibit 11). This form must be signed by the traveler and attached to the [Out-of-State Travel Approval Request eForm](#) (Exhibit 6) and must be approved by the Director, Chief of Operations, Division Director or Designated Delegate.
- B. An employee must be familiar with the references cited on the [Approval for Third Party Travel form](#) and, by signing the form, certifies that the employee has not violated nor contravened any of the cited references. The purpose of the references is to make an employee aware of the State's rules for conflicts of interest, standards of conduct and acceptance of gifts.
- C. All rates are to be in accordance with State Travel Policy, regardless of the funding source. This statement means that any out of pocket costs incurred by an employee must be reimbursed at the State Travel Policy rates, even if the third party is willing to pay more than allowed by the State Travel Policy. The original of the Approval for Third Party Travel form must be submitted with the travel voucher to Employee Services. In the event that the costs of travel are paid directly by the third party, as opposed to having the employee pay and then be reimbursed by the third party, efforts should be made to comply with the state travel rates and policy. These efforts should be documented and available for review upon request.
- D. All travel exceptions, for example rental car, for third party travel will need to be approved by the Controller. In addition, the employee is first required to submit the travel voucher for reimbursement to Employee Services. After the employee has been reimbursed, Employee Services will submit the reimbursement request to the third party and request that a check be issued made payable to ADOT, not to the employee.

## **2.11 TRAVEL POLICY**

The travel policies and procedures promulgated in Arizona Accounting Manual. Section II-D-V-I, Travel, dated 1/1/2008 apply to ADOT travelers with exceptions outlined in this document. Refer to these policies by accessing the ADOTNet Policies and Procedures "[ADOA Travel Policy](#)".

- A. ADOT directed travel policies.

- 1. HB 2166, effective August 9, 2001, removed the option of in-state travel for an employee traveling on state business into a state of the United States adjoining this state, provided that such out-of-state travel is performed entirely within an area not to exceed, at any point,

one hundred miles from the Arizona border. But the legislation did delegate the authority to re-establish that option to the Agency Director, or designee.

ADOT has decided to re-establish the option to allow an employee traveling within 100 miles of the Arizona border to claim the travel as in-state travel and to be reimbursed at the rates established for in state travel.

## 2.12 TRAVEL RATES

The travel rates promulgated in Arizona Accounting Manual. Section II-D-V-I, Travel, dated 1/1/2008 apply to ADOT travelers. Refer to these rates by accessing the ADOTNet Policies and Procedures FIN-6.02-R "[ADOA Travel Rates](#)".

## 2.13 TRAVEL FORMS

Travel forms to be filled out online are found by accessing the ADOTNet by clicking on "Forms & Document", then clicking on "Accounting & Financial". The forms are located under the title "Travel". These forms may be completed online and printed.

NOTE: To save the travel document online, right click once on the desired form, then click on "save target as". This action will allow the document to be saved as an EXCEL document. We recommend that you change the document name before saving. Reopen the saved document to complete and save again.

- A. Arizona Department of Transportation [Employee Travel Voucher \(In-State\)](#), will be used to file travel claims (See Exhibit 1). [The Employee Travel Voucher \(Out-of-State\)](#) will be used to file claims for out-of-state travel (See Exhibit 2). Instructions for preparing the form(s) are included at Exhibit 3.
- B. [Request for Travel Advance](#), will be used to request travel advances (See Exhibit 4). Instructions for preparing the form are included at Exhibit 5.
- C. [Out-of-State Travel Approval Request eForm](#), will be used to request approval of out-of-state travel (See Exhibit 6). Instructions for preparing the form are included at Exhibit 7.
- D. [State of Arizona Out-of-State Travel Approval Request Supplement, GAO-509S](#), will be used to request approval from GAO when sending three or more individuals from the agency out-of-state or when the total out-of-state costs will exceed \$5,000 (See Exhibit 8).
- E. [Vehicle Rental Justification Worksheet](#) will be used to request approval to rent a vehicle (See Exhibit 9).
- F. [Lodging Justification Worksheet](#) will be used to request approval in excess of policy limits (See Exhibit 10).
- G. [Approval for Third-Party Travel](#) will be used to request approval for ADOT-related travel paid for by a third-party (See Exhibit 11). Instructions for preparing the form are included at Exhibit 12.

## 2.14 AMENDED TRAVEL VOUCHER

An amended travel voucher allows for adjustment of amounts claimed in which reimbursement has been completed. Total reimbursement may not exceed the maximum allowed. Prepare a travel voucher in the same manner and for the same dates as the original travel voucher. Enter only the additional amount of travel expense to be reimbursed. Indicate "Amendment", the document number which is to be amended, and state the reason for the amendment. Examples:

**Amendment** – Long Term Travel – Monthly utility bill received after claim #xxxxx was filed.

**Amendment** – Approved for exception to out-of-state lodging rate received after claim #xxxxx was reimbursed at authorized rate.



01/01/08

FIN-6.02

01/01/08

**THE UNIVERSITY OF CHICAGO**

### EMPLOYEE TRAVEL VOUCHER FIELD DESCRIPTIONS

1. **EMPLOYEE NAME:** Record employee's First and Last Name.
2. **EMPLOYEE RESIDENCE ADDRESS:** Record employee's residence address. Must be a street address or rural route address, not a P.O. Box.
3. **SCHEDULED WORK HOURS:** Record your normally scheduled work hours. For example: 8:00A to 5:00P
4. **AGENCY:** ADOT
5. **EMPLOYEE IDENTIFICATION NUMBER:** Record the Employee's Identification Number (EIN).
6. **DUTY POST ADDRESS:** Record where employee is assigned to work. Must be a street address or rural route address, not a P.O. Box.
7. **HOME ORG:** The Org to which employee is assigned to work.
8. **PURPOSE OF TRAVEL:** Record the purpose of the trip.
9. **ADVANTAGE DOC. NO:** For Employee Services Use ONLY.
10. **DATE:** Record the date the form was prepared. (MM/DD/YYYY format).
11. **TRAVEL ADVANCE:** Record travel advance made to employee, if any.
12. **DATE:** Record the date the travel began. (MM/DD/YYYY format).
13. **PLACE DEPARTED FROM:** Record the place departed from when the travel began, with complete street address including city and zip code.
14. **TIME:** Record the time travel began. Use "A" for A.M., "P" for P.M.
15. **PLACE ARRIVED AT:** Record the place arrived at, with complete street address including city and zip code.
16. **TIME:** Record the arrival time. Use "A" for A.M., "P" for P.M.
17. **TRIP WITH OVERNIGHT STAY:** Select the check box if the travel required an overnight stay. This box defines the taxability of the meal reimbursements. If no commercial expenses were incurred, but an overnight stay still occurred, provide a description of the stay in the Overnight Stay Explanation field.
18. **ODOMETER START:** Record odometer reading starting from Residence or Duty Post.
19. **ODOMETER END:** Record odometer reading ending at Residence or Duty Post.
20. **MILES:**

**Exhibit 3 (Page 1 of 3)**  
This field is computed based on the odometer readings recorded in 18 and 19. If you use map miles enter the total miles in this field.

- 
- |   |  |
|---|--|
| 21. <b>MEALS:</b>   | Record allowable reimbursements for Meal Expenses. Must be based on amount actually spent. Eligibility for meals is determined by the number of hours in travel status. Refer to rate index. |
| 22. <b>LODGING:</b>   | Record allowable reimbursement for In-State and Out-of-State Lodging. The lodging amount includes all taxes and mandatory resort fees. Refer to rate index.                                  |
| 23. <b>OTHER EXPENSE:</b>                                   | Record allowable charges for other In-State and Out-of-State travel expenses. For example: <b>ATM fees, baggage handling and communications.</b>   |
| 24. <b>TRANSPORTATION:</b>                                  | Record allowable charges for other In-State and Out-of-State travel Expenses. For example: <b>rail fare, local transportation, car rental and parking.</b>                                   |
| 25. <b>TOTAL EXPENSES:</b>                                  | If using the Intranet or Outlook, this item is a computed field. If completing a travel voucher by hand, you will need to add the total expenses for each day.                               |
| 26. <b>LESS COMMUTE MILES:</b>                              | Distance between individual's residence and duty post. Record the total commute miles in this field, if applicable. <b>(Applies ONLY if departing from or returning to residence)</b>        |
| 27. <b>TOTAL MILES:</b>                                     | This is a computed field. It reflects the total miles, less commute miles, when applicable.  |
| 28. <b>TOTAL MILES EXPENSES:</b>                            | This is a computed field. It reflects the allowable charges for mileage for private vehicle usage. For example: <b>total miles x rate .445 = total expenses.</b>                             |
| 29. <b>BALANCE BROUGHT FORWARD FROM CONTINUATION PAGES:</b> | Record reimbursement amount brought forward from continuation page(s). Applicable when more than one travel voucher is used for the same trip.   |
| 30. <b>TOTAL TRAVEL EXPENSES:</b>                           | This is a computed field.  |
| 31. <b>OVERNIGHT STAY EXPLANATION:</b>                      | Enter the explanation for any overnight stays that occurred outside a commercial lodging facility.   |
| 32. <b>FUND:</b>  | Record applicable fund for each line used.   |
| 33. <b>CHARGE ORG:</b>                                      | Record the Org to be charged, if other than the Home Org. In most cases, the Charge Org is the same as the Home Org.   |
| 34. <b>PROJECT:</b>   | Record the 8 character project number, if applicable. For example, H253501C.   |
| <b>Exhibit 3 (Page 2 of 3)</b>                              |  |
| 35. <b>ACTIVITY:</b>  | Record an activity code if applicable. Activity codes are required when using a project number.  |
| 36. <b>TOTAL DISTRIBUTION AMOUNT:</b>                       | This is a computed field. The Total Distribution Amount should equal total travel expenses.  |

37. **VEHICLE TYPE:** Check the vehicle type used. For example: Personal Vehicle.
38. **ITEM EXPLANATION:** Record an explanation for amounts claimed without a receipt, one time change for the check locator code, etc.
39. **TRAVELER'S CERTIFICATION STATEMENT:** It is important that the traveler carefully read the certification before signing the travel claim. The certification defines responsibilities of the traveler for claiming amounts.
40. **DRIVER'S LIC. #:** Record Driver's License number. Required when driving any vehicle on state business unless you are a passenger.
41. **TRAVELER'S SIGNATURE:** Employee signs the form. *(Initials are not acceptable)*
42. **DATE:** Record the date the employee signs the form.
43. **SUPERVISOR'S CERTIFICATION STATEMENT:** It is important that the supervisor carefully read the certification before signing the travel claim. The supervisor is certifying that the expenses incurred by the traveler are correct and proper.
44. **SUPERVISOR'S PHONE NUMBER:** Record supervisor's phone number.
45. **SUPERVISOR'S SIGNATURE/DATE** Employee's supervisor signs and dates the form.
46. **PREPARED BY/PHONE NUMBER:** Record the name and phone number of the person who prepared the form. Whenever questions arise while processing the form, this individual will be contacted.
47. **AUDITED BY/DATE:** For Employee Services Use ONLY.
48. **DISTRIBUTION:** Submit the original with original vehicle rental, lodging and airfare receipts, along with one copy, to Employee Services, Mail Drop 206B. Retain one copy for the Org files.



**ARIZONA DEPARTMENT OF TRANSPORTATION  
REQUEST FOR TRAVEL ADVANCE**

<b>EMPLOYEE NAME:</b>	<b>DIVISION/SECTION/TELEPHONE NUMBER:</b>

EMPLOYEE IDENTIFICATION NUMBER	REQUESTED AMOUNT BEFORE 80%	HOME ORG	CHARGE ORG	DATE
	LODGING			
	MEALS			

DATES OF TRAVEL	
<b>FROM:</b>	<b>TO:</b>

DESTINATION(S) OF TRAVEL	
<input type="checkbox"/> IN STATE	<input type="checkbox"/> OUT OF STATE
<b>FROM:</b>	<b>TO:</b>

PURPOSE OF TRAVEL

**NOTICE TO EMPLOYEE:**

Travel advances not supported by a travel claim in a timely manner (30 working days) may be deducted from any salary, wages, or travel expense reimbursement due to the traveler. (A.R.S. 35-192.02B).

Present policy generally limits the maximum advance amount to 80% of allowable estimated travel expense (meals and lodging). Advances cannot be made for less than three (3) consecutive days in travel status.

By my signature, I AGREE to use any travel advance given to me for valid travel expenditures/transactions that are in compliance with Statewide Travel Policy and for a valid public purpose that is consistent with all applicable statutes, laws, appropriations, grants and contracts. I AUTHORIZE the assignment of my travel claims to the Agency as repayment of the travel advances given to me. I AGREE that if the amount of my travel claim is less than the amount advanced to me the difference can be deducted from any salary, wages, or travel expense reimbursement due to me. In any event, I will return the difference to the Department within thirty (30) working days from the date on which the travel is completed. (A.R.S. 35-192.02B).

**Employee's Signature and Date:**

I hereby certify the employee named above will be traveling on authorized state business.

**Supervisor's Signature and Date:**

The above named individual is approved for a travel advance.

**Agency Director's or Designee's Signature and Date:**

**State Comptroller Approval      Signature and Date:**

**TRAVEL USE ONLY**

TE/TO NO. _____	TPA NO. _____	TP NO. _____	AFIS NO. _____
IN STATE TRAVEL		OUT OF STATE TRAVEL	

6531 Lodging: _____ X 80% = _____	6631 Lodging: _____ X 80% = _____
6541 Meals: _____ X 80% = _____	6641 Meals: _____ X 80% = _____


**Exhibit 4**



### REQUEST FOR TRAVEL ADVANCE FIELD DESCRIPTIONS

- |     |  |  |
|-----|--|--|
| 1.  | <b>EMPLOYEE NAME:</b>  | Record employee's First and Last name.   |
| 2.  | <b>DIVISION/SECTION/<br/>TELEPHONE NUMBER:</b>                     | Record the division, section and telephone number of the employee.   |
| 3.  | <b>EMPLOYEE IDENTIFICATION<br/>NUMBER:</b>                         | Record the Employee's Identification Number (EIN).   |
| 4.  | <b>LODGING:</b>  | Record allowable reimbursement for In-State and Out-of-State Lodging. Refer to rate index.                           |
| 5.  | <b>MEALS:</b>  | Record allowable reimbursements for Meal expenses. Must be based on amount actually spent. Refer to rate index.      |
| 6.  | <b>HOME ORG:</b>   | The Org which the employee is assigned to work.  |
| 7.  | <b>CHARGE ORG:</b>   | The Org that is charged when the Home Org is not charged. In most cases, the Charge Org is the same as the Home Org. |
| 8.  | <b>DATE:</b>   | Record the date the document is prepared.  |
| 9.  | <b>DATES OF TRAVEL:</b>  | Record the beginning and ending dates of travel.   |
| 10. | <b>DESTINATION(S) OF<br/>TRAVEL:</b>                               | Indicate in state or out of state travel. Record the destination(s) of travel.                                       |
| 11. | <b>PURPOSE OF TRAVEL:</b>  | Record the purpose of travel.  |
| 12. | <b>EMPLOYEE'S SIGNATURE<br/>AND DATE:</b>                          | The employee must read, sign and date the form.  |
| 13. | <b>SUPERVISOR'S SIGNATURE<br/>AND DATE:</b>                        | Employee's supervisor signs and dates the form.  |
| 14. | <b>AGENCY DIRECTOR'S OR<br/>DESIGNEE'S SIGNATURE<br/>AND DATE:</b> | Agency Director or Designee signs and dates the form.  |
| 15. | <b>STATE COMPTROLLER<br/>APPROVAL – SIGNATURE<br/>AND DATE:</b>    | The Comptroller for the State of Arizona must approve by signing and dating the travel advance request.              |
| 16. | <b>TRAVEL USE ONLY:</b>  | LEAVE BLANK. FOR EMPLOYEE SERVICES USE ONLY.   |

### Exhibit 5

 <b>ARIZONA DEPARTMENT OF TRANSPORTATION</b>		<a href="#">View Instructions ...</a>																																
<b>OUT-OF-STATE TRAVEL APPROVAL REQUEST</b>		eForm Fill Date: 10/30/2008																																
Requestor EIN:	<input type="text"/>	Requestor Name: <input type="text"/> Contact Phone #: <input type="text"/>																																
Traveler EIN:	<input type="text"/>	Traveler Name: <input type="text"/> Traveler Org: <input type="text"/>																																
Purpose of travel:	<input style="width: 100%;" type="text"/>																																	
Event name:	<input style="width: 100%;" type="text"/>																																	
Travel Begin Date:	<input type="text"/>	Travel End Date: <input type="text"/> Event Begin Date: <input type="text"/> Event End Date: <input type="text"/>																																
Event Country :	<input type="text" value="United States"/>	Event State (if US): <input type="text" value="Select State"/>																																
All or part of this trip is to be reimbursed by a 3rd party: <input type="radio"/> Yes <input type="radio"/> No																																		
<b>Estimated Costs (for Agency approval only)</b> Reminder: Individual costs equal to or greater than \$1,000 must be encumbered.																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Airfare</td><td>6611</td><td><input type="text"/></td></tr> <tr><td>Rental Vehicle</td><td>6621</td><td><input type="text"/></td></tr> <tr><td>Lodging</td><td>6631</td><td><input type="text"/></td></tr> <tr><td>Meals</td><td>6641</td><td><input type="text"/></td></tr> <tr><td>Conference/Registration Fees</td><td>7455</td><td><input type="text"/></td></tr> <tr><td>Out-of-Country</td><td>6651</td><td><input type="text"/></td></tr> <tr><td>Other Miscellaneous</td><td>6699</td><td><input type="text"/></td></tr> </table>	Airfare	6611	<input type="text"/>	Rental Vehicle	6621	<input type="text"/>	Lodging	6631	<input type="text"/>	Meals	6641	<input type="text"/>	Conference/Registration Fees	7455	<input type="text"/>	Out-of-Country	6651	<input type="text"/>	Other Miscellaneous	6699	<input type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Charge Org</td><td><input type="text"/></td></tr> <tr><td>Project Number</td><td><input type="text"/></td></tr> <tr><td>Activity Code</td><td><input type="text"/></td></tr> <tr><td>Estimated Total Costs</td><td><input type="text"/></td></tr> <tr><td>3rd Party/Direct Reimbursement</td><td><input type="text"/></td></tr> <tr><td>ADOT Costs</td><td><input type="text"/></td></tr> </table>	Charge Org	<input type="text"/>	Project Number	<input type="text"/>	Activity Code	<input type="text"/>	Estimated Total Costs	<input type="text"/>	3rd Party/Direct Reimbursement	<input type="text"/>	ADOT Costs	<input type="text"/>
Airfare	6611	<input type="text"/>																																
Rental Vehicle	6621	<input type="text"/>																																
Lodging	6631	<input type="text"/>																																
Meals	6641	<input type="text"/>																																
Conference/Registration Fees	7455	<input type="text"/>																																
Out-of-Country	6651	<input type="text"/>																																
Other Miscellaneous	6699	<input type="text"/>																																
Charge Org	<input type="text"/>																																	
Project Number	<input type="text"/>																																	
Activity Code	<input type="text"/>																																	
Estimated Total Costs	<input type="text"/>																																	
3rd Party/Direct Reimbursement	<input type="text"/>																																	
ADOT Costs	<input type="text"/>																																	
<b>Policy Exceptions</b> The Arizona State Travel Policy requires that a formal request for approval be submitted when any of the below listed travel conditions are anticipated. <b>Check those that apply:</b>																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Out-of-state travel requires sending three(3) or more individuals from the agency (fill out supplement page)</td> <td><input type="radio"/> No <input type="radio"/> Yes</td> </tr> <tr> <td>Total out-of-state travel costs expected to equal or exceed five thousand dollars (\$5000) (fill supplement page)</td> <td><input type="radio"/> No <input type="radio"/> Yes</td> </tr> </table>			Out-of-state travel requires sending three(3) or more individuals from the agency (fill out supplement page)	<input type="radio"/> No <input type="radio"/> Yes	Total out-of-state travel costs expected to equal or exceed five thousand dollars (\$5000) (fill supplement page)	<input type="radio"/> No <input type="radio"/> Yes																												
Out-of-state travel requires sending three(3) or more individuals from the agency (fill out supplement page)	<input type="radio"/> No <input type="radio"/> Yes																																	
Total out-of-state travel costs expected to equal or exceed five thousand dollars (\$5000) (fill supplement page)	<input type="radio"/> No <input type="radio"/> Yes																																	
<input type="checkbox"/> Out-of-state allowances for overnight travel within 100 miles of Arizona border <input type="checkbox"/> Use of state owned equipment (A.R.S. 38-627) <input type="checkbox"/> Use of private vehicle (A.R.S. 38-623B) <input type="checkbox"/> Rental vehicle or aircraft (A.R.S. 38-623B) <input type="checkbox"/> Lodging charges in excess of policy limits.																																		
<input type="button" value="Submit"/>																																		

**Exhibit 6**

**OUT OF STATE TRAVEL APPROVAL REQUEST eFORM  
FIELD DESCRIPTIONS**

- |  |  |
|--|--|
| 1. <b>REQUESTOR EIN:</b>   | Record the EIN of the Requestor. Leading zeroes are not required. Maximum length is 9 digits numeric.                                  |
| 2. <b>TRAVELER EIN:</b>  | If Requestor is not the Traveler, record the EIN of the Traveler. Leading zeroes are not required. Maximum length is 9 digits numeric. |
| 3. <b>PURPOSE OF TRAVEL:</b>   | Record the purpose of travel.  |
| 4. <b>EVENT NAME:</b>  | Record the event name.   |
| 5. <b>TRAVEL BEGIN DATE:</b>   | The date that travel begins.   |
| 6. <b>TRAVEL END DATE:</b>   | The date that travel ends.   |
| 7. <b>EVENT BEGIN DATE:</b>  | The date that the event begins.  |
| 8. <b>EVENT END DATE:</b>  | The date that the event ends.  |
| 9. <b>EVENT COUNTRY:</b>   | If not the United States, click on drop down to select the country.  |
| 10. <b>EVENT STATE (if US):</b>  | Select the state by clicking on drop down.   |
| 11. <b>ALL OR PART OF THIS TRIP IS TO BE REIMBURSED BY A 3<sup>RD</sup> PARTY:</b>                     | If yes, a field will appear to enter the name of the reimbursing party.  |
| 12. <b>ESTIMATED COSTS:</b>  | Record all estimated costs for the trip.   |
| 13. <b>CHARGE ORG:</b>   | Record the org to be charged for the trip.   |
| 14. <b>PROJECT NUMBER:</b>   | Record project number to be charged if applicable.   |
| 15. <b>ACTIVITY CODE:</b>  | Record activity code if applicable. An activity code is required if charging a project number.   |
| 16. <b>ESTIMATED TOTAL COSTS:</b>  | Calculated field.  |
| 17. <b>3<sup>rd</sup> PARTY / DIRECT REIMBURSEMENT:</b>  | If trip is being reimbursed by a third party, enter amount to be reimbursed.   |
| 18. <b>ADOT COSTS:</b>   | Calculated field.  |
| 19. <b>OUT-OF-STATE TRAVEL REQUIRES SENDING THREE (3) OR MORE INDIVIDUALS FROM THE AGENCY:</b>         | Must mark no or yes. If yes, the 509S form must be submitted to GAO by ADOT. The Controller will submit the 509S form.                 |
| 20. <b>TOTAL OUT-OF-STATE TRAVEL COSTS EXPECTED TO EQUAL OR EXCEED FIVE THOUSAND DOLLARS (\$5000):</b> | Must mark no or yes. If yes, the 509S form must be submitted to GAO by ADOT. The Controller will submit the 509S form.                 |
| 21. <b>EXCEPTIONS:</b>   | Check the exceptions that apply to the trip in question, if any. Complete required supplemental forms.                                 |

**Exhibit 7**

**STATE OF ARIZONA**  
**OUT-OF-STATE TRAVEL APPROVAL REQUEST SUPPLEMENT**

AGENCY NAME: \_\_\_\_\_

NAME OF EVENT (if applicable): \_\_\_\_\_

NUMBER OF TRAVELERS/PARTICIPANTS: \_\_\_\_\_

SPONSOR OF EVENTS (if applicable): \_\_\_\_\_

ESTIMATED TOTAL COST FOR ALL PARTICIPANTS: \$ \_\_\_\_\_

IF THIS FORM IS NOT BEING SUBMITTED PRIOR TO THE SCHEDULED BEGIN DATE OF THE TRAVEL  
PLEASE PROVIDE A JUSTIFICATION:

PLEASE DESCRIBE THE VALUE OF THE OUT-OF-STATE TRAVEL TO THE AGENCY'S STATUTORY MISSION:

PLEASE LIST ALL INDIVIDUALS WHO WILL BE TRAVELING AND THEIR PURPOSE FOR TRAVELING.  
PURPOSE SHOULD INCLUDE AN EXPLANATION OF WHY IT IS NECESSARY THAT THEY TRAVEL (attach  
additional sheets if necessary):

TRAVELER NAME:PURPOSE:

AGENCY HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

ADOT CONTROLLER: \_\_\_\_\_ DATE: \_\_\_\_\_

GAO-509S

THIS FORM SHOULD BE ACCOMPANIED BY ANY RELATED GAO-509 FORM(S) AND A COPY OF THE CONFERENCE  
BROCHURE (if applicable)

**Exhibit 8**

## VEHICLE RENTAL JUSTIFICATION WORKSHEET

EMPLOYEE NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_  
 AIRPORT LOCATION: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_  
 DESTINATION: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_  
 CONFERENCE HOTEL: ☐ yes ☐ no (check one) DATES OF TRAVEL: \_\_\_\_\_

## Vehicle Rental Justification:

Base rental cost plus tax: \_\_\_\_\_ Fuel cost: \_\_\_\_\_ Parking fees: \_\_\_\_\_ Number of days: \_\_\_\_\_ Total rental vehicle costs: \_\_\_\_\_

## Approximate taxi/shuttle costs:

Shuttle costs to and from Airport to Hotel: \_\_\_\_\_ = \_\_\_\_\_

	No. Trips	Miles	per trip=	to (address)	per mile =
Taxi Mileage from Airport to Hotel:	x		0		\$0.00
Taxi Mileage from Hotel to Meeting:	x		0		\$0.00
Taxi Mileage from Meeting to Meeting:	x		0		\$0.00
Taxi Mileage from Meeting to Hotel:	x		0		\$0.00
Taxi Mileage from Hotel to Airport:	x		0		\$0.00
Total taxi/shuttle costs:					\$0.00

## COMPARE TOTAL VEHICLE RENTAL COSTS TO TOTAL TAXI/SHUTTLE COSTS

If traveler is requesting a mid-size or large vehicle: \_\_\_\_\_  
 Number of passengers including driver: \_\_\_\_\_  
 Number of pieces of luggage: \_\_\_\_\_ Number of pieces of other materials (specify # and size) \_\_\_\_\_

## Additional Comments:

Other: additional facts or circumstances, if necessary may be attached

Signature of person preparing form: \_\_\_\_\_ Date: \_\_\_\_\_

# LODGING JUSTIFICATION WORKSHEET

EMPLOYEE NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_

AIRPORT LOCATION: \_\_\_\_\_ DESTINATION: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

CONFERENCE ☐ yes ☐ no (select one) Conference room rate: \_\_\_\_\_ City/County reimbursement rate: \_\_\_\_\_

If the conference hotel is full or if the block of rooms reserved for the conference is not available, you must make every attempt to find a hotel within either the lodging reimbursement rate for the area or within the least expensive single room listed on the conference brochure.

Please indicate on a separate memo why the least expensive hotel is not appropriate.

Hotels contacted: Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Rate: \_\_\_\_\_ Vacancy (select one) ☐ yes ☐ no

Single Room Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Rate: \_\_\_\_\_ Vacancy (select one) ☐ yes ☐ no

Hotels contacted: Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Rate: \_\_\_\_\_ Vacancy (select one) ☐ yes ☐ no

Single Room Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Rate: \_\_\_\_\_ Vacancy (select one) ☐ yes ☐ no

OR

Attach screen print of internet website and place a check mark next to the names of the hotels called.



### APPROVAL FOR THIRD PARTY TRAVEL FIELD DESCRIPTIONS

- |    |  |  |
|----|--|--|
| 1  | <b>EMPLOYEE NAME:</b>  | Record employee's first and last name.   |
| 2  | <b>EMPLOYEE IDENTIFICATION NUMBER:</b>   | Record the Employee's Identification Number (EIN).   |
| 3  | <b>TRAVEL STATUS (DATES):</b>  | Record the begin and end dates for travel.   |
| 4  | <b>PURPOSE OF TRAVEL AND LOCATION:</b>   | Record the purpose and location(s) of travel.  |
| 5  | <b>NAME AND ADDRESS OF REIMBURSING PARTY</b>                                       | Record the name, address and contact information of the party reimbursing ADOT for the travel.                                     |
| 6  | <b>AIR FARE:</b>   | Record the estimated dollar amount for air fare.   |
| 7  | <b>RENTAL VEHICLE:</b>   | Record the estimated cost of a rental vehicle.   |
| 8  | <b>LODGING:</b>  | Record the estimated cost for lodging expenses.  |
| 9  | <b>MEAL:</b>   | Record estimated cost for meals expenses.<br>Must be based on amount actually spent.   |
| 10 | <b>HONORARIUM</b>  | Record the estimated amount of Honorarium to be received, if any.  |
| 11 | <b>OUT-OF-COUNTRY:</b>   | Record the estimated cost for out-of-country lodging, meals and incidental expenses.   |
| 12 | <b>OTHER MISCELLANEOUS:</b>  | Record the estimated cost of miscellaneous expenses.   |
| 13 | <b>TOTAL EST. REIMBURSEMENT:</b>   | Record the estimated total reimbursement to be received from Third Party or directly reimbursed to the employee.                   |
| 14 | <b>EMPLOYEE SIGNATURE AND DATE:</b>  | Signed and dated by employee after reading and understanding the References cited.   |
| 15 | <b>DIRECTOR, CHIEF OF STAFF, DIVISION DIRECTOR OR DESIGNEE SIGNATURE AND DATE:</b> | Can only be signed by Agency Director, Chief of Staff Division Director or Designated Delegee from the Division Director's Office. |

## Approval for Third Party Travel

### FIELD DESCRIPTIONS

- |  |  |
|--|--|
| 1. <b>EMPLOYEE NAME:</b>   | Record employee's first and last name.   |
| 2. <b>EMPLOYEE IDENTIFICATION NUMBER:</b>  | Record the Employee's Identification Number (EIN).   |
| 3. <b>TRAVEL STATUS (DATES):</b>   | Record the begin and end dates for travel.   |
| 4. <b>PURPOSE OF TRAVEL AND LOCATION:</b>  | Record the purpose and location(s) of travel.  |
| 5. <b>NAME AND ADDRESS OF REIMBURSING PARTY</b>  | Record the name, address and contact information of the party reimbursing ADOT for the travel.                                       |
| 6. <b>AIR FARE:</b>  | Record the estimated dollar amount for air fare.   |
| 7. <b>RENTAL VEHICLE:</b>  | Record the estimated cost of a rental vehicle.   |
| 8. <b>LODGING:</b>   | Record the estimated cost for lodging expenses.  |
| 9. <b>MEALS:</b>   | Record estimated costs for meal expenses. Must be based on amount actually spent.  |
| 10. <b>HONORARIUM</b>  | Record the estimated amount of Honorarium to be received, if any.  |
| 11. <b>OUT-OF-COUNTRY:</b>   | Record the estimated cost for out-of-country lodging, meals and incidental expenses.   |
| 12. <b>OTHER MISCELLANEOUS:</b>  | Record the estimated cost of miscellaneous expenses.   |
| 13. <b>TOTAL EST. REIMBURSEMENT:</b>   | Record the estimated total reimbursement to be received from Third Party or directly reimbursed to the employee.                     |
| 14. <b>EMPLOYEE SIGNATURE AND DATE:</b>  | Signed and dated by employee after reading and understanding the References cited.   |
| 15. <b>DIRECTOR, CHIEF OF STAFF, DIVISION DIRECTOR OR DESIGNEE SIGNATURE AND DATE:</b> | Can only be signed by Agency Director, Chief of Staff, Division Director or Designated Designee from the Division Director's Office. |